2014-15
Annual Report
of the Office of the Seniors Advocate

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA
www.seniorsadvocatebc.ca
1-877-952-3181

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

August 2015

The Honourable Terry Lake
Minister of Health
PO Box 9050 STN PROV GOVT
Victoria BC V8W 9E2

Dear Minister Lake,

It is my pleasure to present the 2014/15 Annual Report of the Office of the Seniors Advocate in accordance with section 4(4) of the *Seniors Advocate Act*.

This document is the first annual report from the newly established Office of the Seniors Advocate and reports on the period of April 1, 2014 to March 31, 2015. It also describes activities underway and planned for the Office of the Seniors Advocate for the period of April 1, 2015 to March 31, 2016.

Sincerely,

Isobel Mackenzie
Seniors Advocate

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OFFICE OF THE
SENIORS ADVOCATE

It is my great pleasure to provide this first Annual Report for the Office of the Seniors Advocate. The inaugural year of this office has been one of great activity, which included getting a new office up and running, meeting with, and hearing from, thousands of seniors and stakeholders, and producing four reports.

The over 820,000 seniors of this province are unique individuals. Their desires on how to live, where to live, who to live with, and what activities to engage in are as varied as one can imagine. However, one common theme is that seniors want their voices heard and their wishes respected. The work of this office is grounded in the principle of listening to seniors and reflecting, as much as possible, their wants, needs and aspirations.

Launching a 1-800 information and referral number, website, Twitter account and Facebook page have all assisted us in hearing from over 10,000 seniors in our first year. This feedback has been essential in determining where we focus our resources to best address those issues which are most pressing for seniors.

As my office looks to affect larger systemic change, a key function is the relationship we build with governments at the local, regional and provincial levels. Throughout this past year, great effort has been made to achieve an effective liaison with a number of organizations, including health authorities, BC Housing, BC Transit, TransLink, the Ministry of Health and the Ministry of Social Development and Social Innovation. Through collaboration, we have also found that small systemic issues can be remedied with a phone call or letter, such as we did when we found an issue with the financial assessments health authorities were using to determine the client portion for payment of home support. My office will continue to build on this function in the years ahead.

Some issues require regulatory change or significant allocation of resources. This was the case when my office examined the health assessments for seniors in residential care and produced a report detailing improvements needed in three key areas: assessment for placement; use of drugs, particularly anti-psychotics and anti-depressants; and the provision of therapy both physical and recreational.

Other issues cross many jurisdictions such as housing, which was the focus of our fourth report. My office provided 18 recommendations to government which intersected with four different ministries, all of whom play a role in ensuring that seniors housing is affordable, appropriate and available.

My office has been working over this past year to gather the data necessary to begin producing an annual monitoring report. This will essentially be a scorecard for government and service providers to see how they are doing in a number of key service areas. This scorecard will be produced each year and annual progress will be measured.

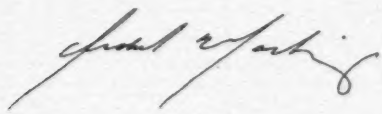
This year I also appointed a 30-member Council of Advisers (COA), all of whom are seniors. The COA represent all areas of B.C. and reflects the diversity of our population. Their appointment was recommended to me by the Council of Senior Citizens' Organizations (COSCO), who reviewed over 300 applications. Serving as a touchstone for my office, the COA will ensure our work is as senior-centric as possible.

As we look to the future, my office will be examining issues related to supporting caregivers; the efficacy of the provincial home support program; the inequity amongst low-income seniors in the provision of supplemental health benefits such as dental care, eyeglasses, hearing aids and mobility aids; and challenges with Fair PharmaCare, among other issues. We will also continue the work we have begun on two major provincial surveys for all publicly funded home support clients and residents in licensed care.

The work of this office is made possible through the unique combination of a core of dedicated professional staff and committed volunteers who facilitate and support my connections with seniors throughout the province and who take the time to ensure my office is aware of their issues.

The journey has just begun for the Office of the Seniors Advocate and I continue to be optimistic that we can and will affect positive change for all B.C. seniors and their families.

Sincerely,



Isobel Mackenzie

Seniors Advocate
Province of British Columbia

Seniors Advocate Roles and Responsibilities

Independence

The Seniors Advocate works with seniors and key stakeholders (governments, community agencies, private organizations and advocacy groups) to identify and understand systemic issues, while retaining the ability to make independent recommendations for change. This unique collaborative approach strikes a balance between the need for independence and program oversight while retaining the ability to achieve system change.

Statutory Authority

Seniors Advocate Act

- Appoint a Council of Advisers
- Identify work priorities, develop plans, and hire employees and outside experts
- Gather information and require service providers to provide information
- Make independent recommendations to government
- Report to the public on any matter arising from the fulfillment of responsibilities

Accountability

- Accountable to the people of British Columbia through a mandate prescribed in legislation
- Must report to the minister responsible for seniors (currently the Minister of Health) at least once each year on the activities of the office
- Duty to advise the minister, public officials, and other service providers about systemic challenges facing seniors and the need for changes to address those challenges

Scope

- Monitor seniors' service providers and advise on seniors' services related to health care, personal care, housing, transportation and income support
- "Senior" is a British Columbia resident aged 65 or older, or less than 65 but receiving seniors' services
- Focus on systemic issues rather than individual advocacy or complaints; connect individuals to the appropriate body to resolve their issues

Reporting

- Report to the public on any matter related to the fulfillment of responsibilities
- Provide annual formal report to the minister (to be made public)
- Regular communication with government for ongoing redress of issues where appropriate
- The minister may require the Advocate to report to the minister on specific matters

Communication, Outreach and Engagement

Listening to seniors, their families, stakeholders, and service providers has been an essential and foundational activity during the Office of the Seniors Advocate's (OSA) first year. Hearing about seniors' strengths and challenges and learning about the range of issues they face and their ideas for possible solutions has been, and will continue to be, invaluable.

- **Town Halls: 19**

Site visits are also a key priority for this office. Seniors' activity centres, subsidized housing units, hospitals, adult day centres, public and private assisted living, residential care facilities, First Nations elders' housing, and more were all visted this past year.

- **Site Visits: 36**

From the first day the Advocate took office, organizations around B.C. invited her to be a guest or keynote speaker at their events. The invitations came from every kind of seniors' organization from small grassroots community groups to province-wide non-profits running key seniors' services. Various local chapters of the Canadian Association of Retired People (CARP), the B.C. Old Age Pensioners Organization, the National Association of Federal Retirees and many other organizations large and small invited the Advocate to speak about her role, about the issues she heard around the province and about the next steps for the Office.

- **Community Presentations: 59**

Stakeholder consultations further contributed to the Advocate's understanding of the issues and challenges faced by seniors in B.C. The Advocate will continue to liaise with a diverse group of stakeholders from BC Housing, BC Transit, the health care unions, Doctors of BC, BC Care Providers to representatives from health authorities as well as the Patient Care Quality Review Board, the Provincial Health Officer and other health services organizations.

- **Stakeholder Meetings: 102**

British Columbia is a vast and geographically diverse province. Services, programs and lifestyles vary greatly from one region to the next. In order to get a complete picture of the range of seniors' issues, the Advocate makes it a priority to meet and consult with seniors and stakeholders from across the province. This year, community visits included places such as Prince Rupert, Cranbrook and Fort St. John, as well as a number of communities in the Lower Mainland and coastal B.C.

- **Communities Visited: 46**

Media coverage of the Seniors Advocate helps to draw attention to the Office's efforts to gather information and raise awareness across the province of significant issues for B.C.'s seniors.

Between April 1, 2014 and March 31, 2015, the work of the Advocate was featured in 28 radio shows, 10 television spots, and 46 print media stories. Many of these stories focused on the Advocate's appointment and her office's first two reports, *The Journey Begins,* and *Bridging the Gaps,* but other coverage delved deeper into discussions of challenges facing seniors today.

- **News Items: 84**

In 2015, the Advocate became active on Twitter, relaying information to followers about OSA activities, town hall locations, speeches and reports, as well as re-tweeting interesting Canadian and international articles and information about seniors' issues. Social media is another tool for connecting with stakeholders and raising awareness.

- **Social Media Connections: 480**

To make the Advocate's work as accessible as possible, all of the Office's reports, contact information and other updates are available online at www.seniorsadvocatebc.ca. Usage statistics are tracked and analyzed to improve the usefulness of the site, which saw over 6,000 visitors in the six final months of the fiscal year.

- **Website Visits (6 months): 6,319**

Communities Visited

Information and Referral

Information and referral responsibilities are set out under Section 3 of the *Seniors Advocate Act*. In particular, under Section 3(2), the Seniors Advocate is responsible for promoting awareness, by seniors, their caregivers and their families, of systemic challenges faced by seniors and of the resources available to seniors. Under section 3(3), the Seniors Advocate is responsible for connecting individuals with specific complaints to appropriate individuals or agencies having jurisdiction to resolve those complaints.

While the key mandate of the OSA is to focus on systemic issues in B.C. that impact a large number of seniors, information and referral plays a critical and complementary role in the identification and dissemination of information on systemic challenges facing seniors.

Methods of contact with the OSA

Members of the public have several avenues of access to the Office of the Seniors Advocate, including telephone, electronic media and mail. The toll-free phone line, 1-877-952-3181, opened on September 15, 2014 with two experienced information and referral analysts joining the office to handle the telephone calls and other requests for information or referral and submissions of systemic issues. With their knowledge of seniors' resources, the Office has been able to provide meaningful information and referral to seniors, their families, and the general public.

From September 15, 2014 to March 31, 2015 we received 3,415 telephone calls to our information and referral line. The average number of calls per week was 118, with a high of 157 in one week. We project the number of calls to increase to between 8,000 and 10,000 annually over the next few years. At present, 80% of contacts with the public are through the toll-free telephone line, 12% are by email, 3% are via the OSA website and 3% are by letter.

All contacts, by any method of communication, are documented and we are able to track and monitor information about these contacts, the area of concern, and our response and follow up. Some individuals were seeking information about the OSA itself, looking for our publications or extending invitations for speaking engagements to the Advocate. But the majority were seeking information, help

Telephone line: 1-877-952-3181

- 3,415 calls in 6.5 months
- Average 118 calls a week
- Projected 8,000-10,000 calls a year
- Concerns raised:
  - health care costs / navigating the health care system
  - finding affordable housing
  - cost of dental, vision and medical supplies
  - accessing home support
  - transportation barriers

or referral around the Medical Services Plan (MSP), Health Authorities services, Home and Community Care, Health Service Policy and Quality Assurance, PharmaCare, dental care, abuse and affordable housing.

In addition to contacting the Office of the Seniors Advocate with concerns specific to their own situation, individuals also contacted the Office to inform us of systemic challenges facing seniors in relation to health care, housing, transportation, community supports, and income support. Systemic themes around housing included housing and maintenance expenses, finding affordable housing, needing help with the complexity of housing subsidy applications, and timely access to the right residential care facility.

Systemic themes in the health care area included the affordability of pharmaceutical co-payments and other service co-payments, issues with physician availability and physician services, accessing home and community care to help with health issues, and difficulty navigating the system of care.

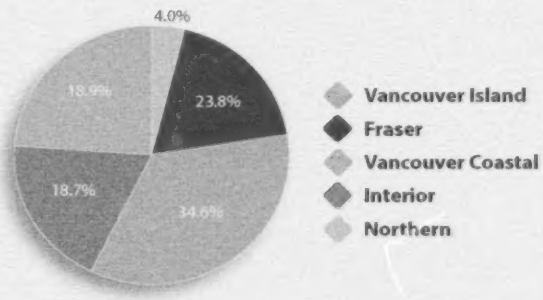
Systemic themes relating to transportation were chiefly around the difficulty of securing reliable transportation to medical appointments, in particular medical appointments involving travel to other communities, and concerns around driver's licence issues and driver re-examinations.

Systemic themes around community supports included challenges in finding non-medical home supports and help and support for caregivers. The major systemic themes around income support included concerns about affording dental care, eyeglasses, and medical supplies, how to complete complex and confusing applications for income supports, and family disputes or abuse around finances.

The calls we have received on the toll-free line and the contacts through other means have helped us connect with individual B.C. seniors and their families and have helped us to uncover systemic issues that will shape the direction of our future work.

Wherever possible, the location of the contact is captured and sorted by Health Authority geography. Contacts have the following provincial distribution:

Contacts by Health Authority



Who can help me with housekeeping and transportation?

Rosita, a 90-year-old woman living alone in an apartment in Victoria, was having difficulties with housekeeping and transportation due to a visual impairment. Rosita telephoned the office to ask for help locating some support services that she could afford. With Rosita's consent, we contacted the local Better at Home Program and gave Rosita's contact information to the intake manager. We confirmed that the manager had connected with Rosita and had arranged an appointment to set up services for her. Rosita called us back to confirm the appointment and thanked us for our help.

How can we arrange an affordable trip to a medical appointment?

A couple from Northern Vancouver Island with vision impairments needed an affordable place to stay while in Victoria for medical testing and treatments. They'd reached out to the volunteers at the Canadian National Institute for the Blind (CNIB) in Victoria, who were willing to help but unfamiliar with the available supports. We provided information on the Travel Assistance Program and how to obtain proof of medical travel, then searched the government's online medical travel accommodations listings to find some suitable options. CNIB was able to assist the couple with the booking and payment. Working together, we were able to find the couple a place they could afford to stay so that the wife could receive the treatments she needed.

Many of the contacts, particularly those by telephone, result in a referral to another agency or service that can further help the contact. The table below provides a list of the agencies and services most frequently referred to.

Referrals Made to Other Agencies	
Medical Services Plan & PharmaCare	28%
Patient Care Quality Office	14%
Health Authority Home & Community Care	14%
Better at Home	6%
BC Centre for Elder Advocacy & Support	3%
College of Physicians & Surgeons	3%
BC Ombudsperson	3%
Ministry of Social Development and Social Innovation	3%
BC Dental Association Low-Cost Clinic	2%
BC Housing	2%
Local Service Provider/Organization	2%
Residential Tenancy Branch	2%
All Other	19%

Website input form and information gathering

Launched in the fall of 2014, the website, www.seniorsadvocatebc.ca, features an "input form" that inquires about:

- Issues that impact a large number of seniors that should be brought to the attention of the OSA
- Ideas, solutions and comments related to those issues
- Location by postal code, to help us understand where the issue is of concern
- Information about the submitter's housing situation and whether the individual is living in an urban, rural or remote location
- If desired, contact information of the submitter to enable the OSA to follow up for further information

The form clearly invites individuals to call the Office directly should they require specific assistance with an issue. The website also provides fax and email contacts for seniors, their families, and those who work with seniors to submit information and requests through those channels.

The first input forms were received in mid-October. An average of 10 submissions were received a month, resulting in more than 50 submissions by the end of March 2015.

A number of thematic issues were raised through online submissions:

- **Transportation:** Across the province, the difficulty seniors face in getting to medical appointments, treatments, the pharmacy, or social activities, especially once they no longer drive, was the focus of a number of submissions. One Dawson Creek individual highlighted a typical

problem. *"Seniors in Dawson Creek who are given appointments for treatment in Fort St. John do not have a viable way to get there and back... The Northern Health bus does not run every day or at appropriate times... If they do drive, winter roads are very hazardous... Appropriate transportation must be included in the patient's treatment plan."* Issues with the DriveAble testing requirements, for seniors to maintain their driver's licence, particularly around fairness and the variation in medical exam costs, were also noted.

- **Inappropriate prescribing:** A number of submissions were from family members who were concerned that a parent, usually with dementia in a residential care facility, was being given too many medications or medications against the family's advice, even when previous medical records indicated an allergy or bad reaction to the medication.
- **Needing to move for housing and services:** Submissions told how previously independent seniors had to move great distances (for example from Northern communities to the Lower Mainland) because no support existed where they lived. The moves precipitated for many a loss of independence, increased loneliness, and caused a loss of social networks and a lack of connection.
- **Financial Issues:** Many submissions gave details of financial difficulties, such as the inability to pay for vision aids, hearing aids, and dental care. One man detailed how a combined Old Age Security increase to his wife and him of $18 a month tipped them over the MSP Premium Assistance subsidy threshold.
- **Lack of choice and autonomy:** A number of submissions detailed instances where competent seniors were being forced into situations not of their own choosing, arbitrarily having their rights to make their own choices removed. This paternalism ranged from care arrangements to residential care bed location and interactions with various levels of institutions and organizations.

Monitoring B.C.'s Seniors' Services

The *Seniors Advocate Act* mandates that the Advocate is responsible for monitoring the provision of seniors' services in the areas of health care, personal care, housing, transportation and income supports.

Detailed data is collected by a variety of service providers and health authorities in B.C., but currently no central organization compares that data and shares it publicly. This year, the OSA decided the office will now take on tracking and reporting on key services to seniors. The OSA will now be using various data streams, analysis instruments and survey data to both identify and measure the magnitude of problems and then to monitor service provision changes to ensure progress is being made towards system improvements.

Surveys of clients of residential care, home support and HandyDART

When the OSA realized the difficulty of obtaining complete, current, standardized and comparable data on seniors' services in B.C., we realized comprehensive surveys are critically needed. Therefore, we have initiated a series of independent, province-wide client satisfaction and experience of care surveys for clients of: 1) all residents of publicly funded residential care facilities; 2) all clients receiving publicly funded home support services; and 3) users of HandyDART transportation services. Planning and development for both the residential care and home support surveys are well underway.

1) **Residential Care Survey:** A vast undertaking that has never before been done in B.C. or Canada, the survey will reach the approximately 27,000 residents of the over 300 publicly funded residential care facilities in B.C. The survey will be conducted by interview. Each resident will be surveyed by trained volunteer surveyors and will be given up to three opportunities to participate. This means that if they are not feeling well, if they have a scheduled appointment during the first survey attempt or if they are unable to complete all the questions at the time, they will not lose the opportunity to participate. Residents' family or most frequent visitor will also have an opportunity to provide input through a concurrent pencil and paper survey. The OSA has partnered with experts in experience of care surveying – the BC Patient Reported Experience Measures Steering Committee (BC PREMS) group – and a specially formed consultation group of health and community stakeholders to inform the survey tool selection and deployment process. We intend to launch the survey in early 2016.

2) **Home Support Survey:** The Seniors Advocate will be surveying approximately 22,000 recipients of publicly funded home support services (such as assistance with bathing or dressing) in B.C. Again, the OSA has formed a consultation group to ensure the survey questions capture the issues most important to seniors and home support recipients, both with existing

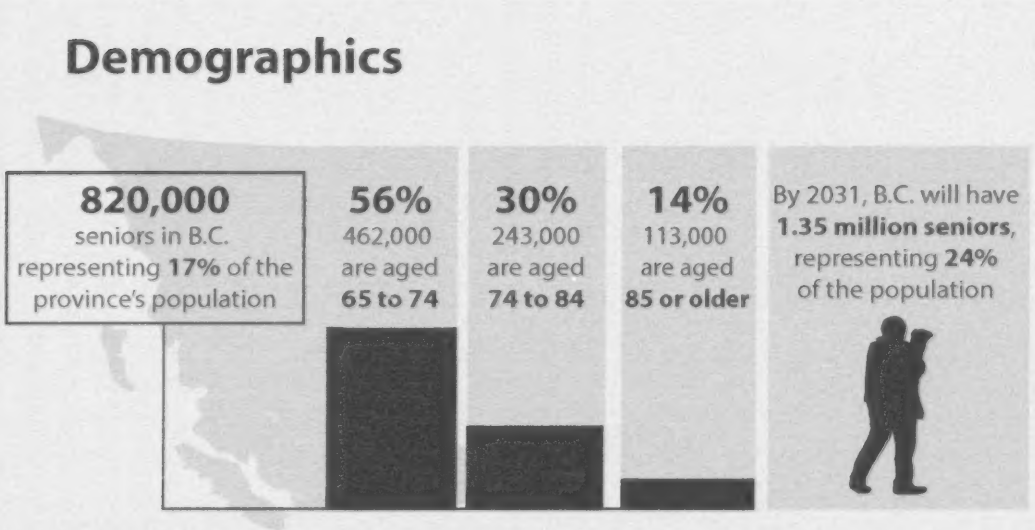
services and with gaps in the services available. This survey will be mailed out in the fall of 2015. We anticipate being able to report on the survey findings in late 2015.

3) **HandyDART Survey:** This satisfaction survey will be offered to all users of HandyDART services in B.C., regardless of who delivers those services. This standardized approach, using the same survey instrument, will provide consistent information about this service, how well it is meeting the needs of seniors, what gaps exist in the service, and clients' overall satisfaction. We are planning to launch this survey in 2016. The results will be combined with other HandyDART data such as number of rides provided, unfilled requests, ride costs and service coverage – both by geographic location and availability – and will be analyzed to develop recommendations for improving these services.

In each of these surveys the OSA will be directly asking the users of the system what is working, what is not working and, from their perspectives, what improvements could be made to better support their needs. The detailed results of these surveys will be published by individual facility, service provider and health authority. This will be the first comprehensive review of the three key services that support the most frail and vulnerable seniors in B.C.

Developing and improving data related to seniors' services

As noted above, a vast amount of data is generated and gathered by both federal and provincial governments, health authorities, service providers and others about seniors and the services they access and use. The primary purpose for gathering this data is to manage the provision of services or to



document day-to-day activities. This data, however, may easily be re-purposed for monitoring by the OSA.

The Advocate has identified opportunities to support development and standardization of data for services delivered to seniors in several sectors and has engaged with system leaders to do the needed work. One example is the data derived from the regional documentation related to seniors' abuse/neglect/self-neglect reports. Government mandates that health authorities must accept and investigate reports, but each health authority or designated agency has developed their own approaches to documenting these events. There is an opportunity for the Office of the Seniors Advocate to leverage both existing expertise and existing electronic data collection systems to improve and standardize information related to seniors' abuse and neglect. The OSA's findings and recommendations for improvement of the data will be available in 2015.

Other data sources for monitoring include: federal income data (CRA and Stats Canada); provincial hospital, emergency, home and community care data; HandyDART data; and BC Housing data. Activities to acquire these data by the OSA on a regular schedule are in progress. The next challenge is to integrate and normalize the data into a form that is fit for analysis, monitoring and reporting.

Developing key indicators of B.C. seniors' service delivery

During the fall and winter of 2014-2015, a list of indicators in each of the seniors' services areas was developed and this list, together with the planned systemic and issues reviews, is guiding the planning and development work of OSA monitoring. Examples of these indicators include:

- Wait times for residential care beds, both first appropriate bed and preferred bed;
- Number of home support hours and the authorized services under the home support program;
- Unfulfilled HandyDART ride requests, as well as requests fulfilled by non-HandyDART vehicles;

- Number of staff with specialty training related to working with seniors (e.g. dementia care) both for residential facilities and home support;
- Residential care staffing levels and amount of time provided for various therapies, including physiotherapy, occupational therapy, and recreational therapy; and
- Application processing time, wait times and refusal rates for Shelter Aid for Elderly Renters (SAFER) and for seniors' subsidized housing.

The Office will publish the income levels of seniors and monitor the inflationary impact of a number of income support programs. This will include the adequacy of pensions and income supplements, such as MSP Premium Assistance, Fair PharmaCare, BC Transit passes and the income tax credits available from both the provincial and federal governments.

The Office will track reports of abuse and neglect made to designated agencies and to the Public Guardian and Trustee.

This is an initial, and not a final, list of services and indicators that the OSA will begin to monitor. In continuing to work with seniors, families, stakeholders and service providers and with new and emerging research, we anticipate that this list will grow and change over time.

Reporting

As part of the mandate of the Office of the Seniors Advocate, regular reports on systemic issues affecting seniors are created and disseminated. These reports highlight key issues facing seniors and make recommendations to government and seniors' service providers for further action. During the first year, the OSA researched, wrote and published two reports and undertook the research and writing for two other significant reports that were published in the spring of 2015. Here are short summaries of the reports. The full documents can be found under "Reports & Publications" on the website, www.seniorsadvocatebc.ca.

Report #1, October 2014

The Journey Begins: Together, We Can Do Better – establishing a Blueprint for Action

In October 2014, after six months in office, we released our first report: ***The Journey Begins: Together, We Can Do Better***. The report reflected our initial findings from the first six months of meetings and discussions with thousands of seniors, families, service providers and stakeholders. It established the OSA's priorities for change, with housing emerging as a top concern. The other main issues identified were:

- Seniors often can't live where they want to because of a lack of supports and regulatory roadblocks.
- More than 52,000 seniors live on less than $16,200 per year, an inadequate income to meet future health and housing needs.
- Seniors lack transportation to medical appointments and other services.
- Devolving the delivery of home care services to the health authorities has resulted in inconsistent and at times insufficient home care services.
- Access to, and the type of, residential care beds varies greatly throughout the province making it challenging to secure a bed at the right time, in the right place.
- Seniors need more support for proper dementia care, both by families and paid caregivers.
- Concern about the abuse of seniors is growing, especially financial abuse within families.

Income

$24,600	$16,200	35%	$6,400	$7,400
Seniors' median income	or less is the annual income of 52,000 B.C. seniors	of seniors who rent live on a houshold income of $20,000 or less	Median OAS and GIS	Median CPP

- Our ageist society devalues seniors' contributions and abilities.
- Seniors want and deserve respect for their decision-making abilities.
- Significant services and supports are available, but knowing what they are, how to access them, and navigating the paperwork to apply can be daunting.
- Seniors in the LGBT community face unique challenges as they age.
- Seniors who come to Canada from other countries face particular challenges.

Report #2, March 2015

B.C. Senior's Survey: Bridging the Gaps – seniors need better information on supports

During late 2014, in conjunction with HealthLinkBC and BC Stats, the Office of the Seniors Advocate developed and conducted a survey asking B.C. seniors a range of questions. The OSA wanted to know about their housing situation, their transportation, their health and mobility, and, in particular, their knowledge about the supports and services available to help them age in place. The survey was conducted by telephone between November and December 2014 to seniors in all five health authorities.

The results of the survey were published in March 2015 in the publication ***B.C. Seniors Survey: Bridging the Gaps***. We found that while a number of financial supports are available to B.C. seniors, awareness of the various programs is low, particularly among seniors over the age of 75 or those with annual household incomes below $30,000 a year. Key highlights of the findings were the following:

- 60% of B.C. seniors living on less than $30,000 a year did not know about Premium Assistance for the Medical Services Plan, which could be up to $864 in savings a year for those with annual incomes under $20,000.
- 50% of senior renters under the age of 75 did not know about the SAFER (Shelter Aid for Elderly Renters) subsidy, and 58% of those over the age of 75 were also unaware of the subsidy program. Awareness and usage of SAFER was lowest in the Northern Health Authority, with almost 80% unaware of the program. BC Housing estimates that up to 7,000 seniors may be eligible to receive SAFER but are not using the program. Our survey results confirm that awareness is lowest among those the program is most designed to help.
- 60% of homeowners with annual incomes less than $30,000 did not know about the government Property Tax Deferment (PTD) program, which enables the deferral of annual property taxes, with a low interest rate, until the home is sold or the homeowner dies. This is the demographic most likely to benefit from this program.
- In comparison, only 25% of senior homeowners with incomes over $60,000 were unaware of the PTD program. Seniors in the Vancouver Coastal Region had the highest awareness and were the most likely to say that while they had not yet used it, they might in the future.
- Almost 70% of seniors did not know about the Home Adaptations for Independence (HAFI) program, which provides grants for small renovations to enable seniors to continue living in their homes. Only 10% of those surveyed had actually made any adaptations to their homes with or without HAFI.

- More than 85% of seniors surveyed were not receiving provincially funded home support or home care. Of the 14% surveyed who had home support, the majority reported receiving less than two hours a week.
- While 65% of higher income seniors had access to extended benefit plans for items such as dental care, vision aids, and hearing aids, fewer than 35% of seniors in the lowest income bracket enjoyed this benefit.

Report #3, April, 2015

Placement, Drugs and Therapy: We Can Do Better – three systemic issues found

During our first year, time and effort were spent reviewing the health assessment records from B.C.'s 25,000 seniors in residential care and all 29,000 seniors receiving home care. Called the Residential Assessment Instrument (RAI), these records have never before been gathered, analyzed and reported at the provincial level on this scale. We also compared B.C. RAI data with that from Alberta and Ontario. While this report was published early in our second operating year, the work was substantially completed in fiscal 2014/15. The major findings of our review were:

- **Premature admissions to residential care:** Up to 15% of B.C. seniors who are in residential care could likely be living more independently in lower levels of care such as assisted living or community care. Housing just 5% of people who could be living more independently in other more appropriate settings could open up some 1,500 residential care beds across the province.
- **Overuse of medication in care facilities:** 33% of residential care clients are being prescribed antipsychotics, yet only 4% have a diagnosis of a psychiatric disorder. As well, 47% of residential care clients are being prescribed antidepressant medication while only 24% have a diagnosis of depression. Given the risks and substantial side effects of the drugs, including sedation and higher risk of falls, questions need to be asked about the appropriateness of these prescriptions. As well, fully 51% of the seniors in residential care are taking nine or more medications.
- **Lack of physiotherapy and recreational therapy:** Only 12% of seniors in residential care in B.C. are receiving ongoing physiotherapy compared to 25% in Alberta and 58% in Ontario. Only 22% in care in B.C. received any recreational therapy in the previous seven days, compared to 42% in Alberta.

Report #4, May 2015

Seniors' Housing: Affordable. Appropriate. Available.

Through listening to seniors at town halls throughout the province, tracking the number and nature of phone calls to our office, and meeting with many different stakeholder groups, we clearly heard the message that many seniors in the province were deeply concerned by issues of housing affordability, availability, and appropriateness. After our first report ***The Journey Begins: Together, We Can Do Better***, the decision was made to undertake a thorough review of housing for seniors.

In the second half of our first year, we began a concentrated effort to research and report

on housing issues for B.C. seniors. Given the breadth and depth of the concern, the Seniors Advocate sought to identify issues across the continuum of independent housing, assisted living, and residential care settings that might limit seniors' ability to make choices about their housing. We looked at issues related to:

- Affordability and the availability of government financial supports;
- The appropriateness of housing models that promote both independence and safety;
- Accessibility in housing design and location, and the presence of regulatory issues that constrain good housing for seniors.

The goal of our housing review process was to emphasize some of the most pressing housing priorities for seniors living in British Columbia. The review was focused on developing and making 18 recommendations that were practical, realistic and had the potential to leverage significant change.

The report was released May 21, 2015, although substantial work was completed in fiscal 2014-15.

Housing

2014-2015 OSA Operating Budget

The budget for the OSA's first year of operation was allocated at $1.519 million.

Pursuant to section 5 of the *Seniors Advocate Act*, the Advocate is responsible for determining the organizational structure as well as the number and nature of the full-time equivalent (FTE) staff necessary for the fulfillment of her responsibilities. Expenditures for the first half of 2014 focused on consulting with seniors in their own communities, building a core team, planning the organizational structure of the office, establishing a 1-800 toll-free line and processes for information and referral, and developing the OSA website.

While we are an independent voice for seniors with a mandate to advise, in an independent manner, public officials and persons who deliver seniors' services, we were able to realize some savings by accessing shared space and technology services with the Ministry of Health. By using empty office space on the main floor of the Ministry of Health building we were able to economize on space and utility costs. This arrangement may not be permanent, but it assisted us in our first year to be able to put our energy and focus on executing our mandate rather than needing to spend too much time on the administrative tasks of locating and securing new leased office space.

During our first year of operation, resources for professional services associated with conducting systemic reviews and reporting were understandably less than what would be required during a full year of operation with a full staff complement. In fiscal 2015-16, the Advocate will be continuing the process of planning the formal organizational structure of the office and determining the number of full-time equivalent employees and the budget required for the full implementation of the OSA mandate.

Monitoring the performance of key services to seniors, conducting provincially standardized surveys and regular systemic reviews and reports will become very important and fundamental activities of the OSA. These activities will result in more significant budget line items in 2015-16 and beyond.

Statement of Expenditures

Expense Type	2014-15 Budget	2014-15 Actual
Salaries	$555,000	$544,496
Employee Benefits	$144,000	$144,229
Travel	$55,000	$55,202
Legal Services	$45,000	$648
Professional Services	$411,000	$241,442
Information Services	$39,000	$25,591
Office, Business and Reporting Expenses	$260,500	$55,062
Building Occupancy Charges	$10,000	$3,260
TOTAL EXPENSES	$1,519,500	$1,069,930

Council of Advisers to Guide Advocate

In March 2015, 30 exceptional individuals, aged 65 to 85, from all across B.C., were appointed to the first Council of Advisers for the Office of the Seniors Advocate. These volunteers will serve a term of up to three years (some will serve four-year terms for the inaugural council) and will provide us with advice and feedback on the issues facing B.C. seniors. They will help us set priorities for the OSA's activities and they will act as OSA ambassadors in their own communities.

Section 6 of the *Seniors Advocate Act* grants the OSA the power to establish an advisory council. In November 2014, we issued a news release and sent notice to all MLA offices that we were seeking applicants. We received over 300 applications, of which 270 met the specified criteria. The Council of Senior Citizens' Organizations of British Columbia (COSCO) graciously agreed to review all applications and recommend 30 names for appointment to the inaugural Council of Advisers, and 19 names to serve as alternates.

The group has a wide array of skills, perspectives and backgrounds. Coming from diverse cultures and 26 different municipalities, they have experience in teaching, health care, industry, business, social work, local government and more.

The Council of Advisers serves as both a sounding board for the Advocate as well as a conduit to the Advocate for information and concerns from their local communities.

The Council of Advisers

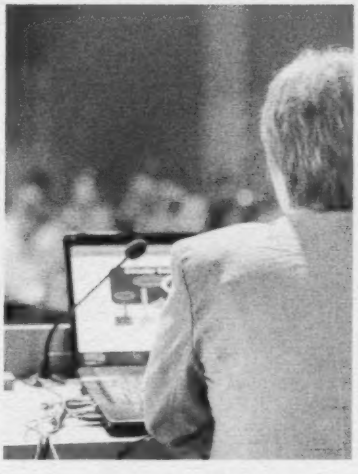
Fraser Region – eight representatives

ML (Mary-Lynn) Burke, Delta; volunteer, Delta Seniors Planning Team; helps seniors navigate B.C.'s health system for services and housing; spent 15 years with Vancouver Coastal Health managing volunteer programs for seniors.

Bev Kennedy, Agassiz; semi-retired museum curator; chief elections officer, district of Kent; district electoral officer for Chilliwack-Hope; member of the Agassiz-Harrison Healthy Communities Committee.

Leslie Gaudette, Langley; retired epidemiologist; former manager, chronic disease treatment and outcome monitoring, Public Health Agency of Canada; senior analyst, Canadian Cancer Registry, Statistics Canada; vice president, Langley Players Drama Club.

Charan Gill, Surrey; co-founder, Canadian Farmworkers Union in 1978; founder (1987) now CEO, Progressive Intercultural Community Services (PICS); awarded the Order of B.C. and the B.C. Human Rights Award.



Harvey Grigg, Coquitlam; former safety services project manager in the construction industry; active community volunteer; has served on the Office of the Commissioner of Review Tribunals, the B.C. Mental Health Review Board and board of the College of Dental Technicians.

R.D. (Bob) Ingram, Mission; 35 years in public service; education consultant; president of Mission Seniors Centre Association, Mission Community Services Society and Mission Association for Community Living; 2014 Citizen of the Year Award.

Kay Dennison, Delta; coordinator, Delta Seniors Planning Team; 17 years as supervisor of a community non-profit advocating for seniors' rights and independence; worked with seniors in areas of abuse, poverty, transportation and housing.

Janet Sie Ling Lee, Burnaby; immigrated to B.C. from China in 1963; hospital nurse for 30 years; volunteers with senior outreach for the Collingwood Community Centre; established a Chinese school in Vancouver in the 1980s.

Interior – six representatives

Donald Caskey, Grand Forks; active community volunteer, B.C. Seniors' Games (B.C. 55+ Games) Society, the local Red Cross Health Equipment Loan Program (HELP), the local hospice and the Kettle Valley Food Cooperative.

Jennifer Coburn, Savona; provincial president, B.C. Old Age Pensioners with 37 B.C. chapters; advocates for seniors' needs and lobbies for changes in the province.

Ralph Fossum, 100 Mile House; retired notary public; member, Rotary Club; director, South Cariboo Health Foundation; councillor, District of 100 Mile House; volunteers with seniors and at community events.

Marilyn Gilbert, Kamloops; former staff nurse for Kamloops Interior Health; nurse educator, Thompson Rivers University; instructor, Home Support Resident Care Attendant (HSRC); currently teaches in the BScN program.

Wade Ireland, Kelowna; figurative art model, actor; an experienced seniors' peer support worker; volunteered with seniors and disabled people in B.C. and Manitoba.

Walter Popoff, Krestova, Slocan Valley; director on the Regional District of Central Kootenay; vice chair, West Kootenay Boundary Regional Hospital District; executive of the Slocan Valley Seniors Housing Society.

Northern – three representatives

Barry Cunningham, Prince Rupert; former pollution response officer, Canadian Coast Guard; elected in 2013 to Prince Rupert city council; director, Regional District Hospital Board; advocate for suitable housing for seniors.

Anne Hogan, Prince George; former regional district administrator; housing research volunteer for the Prince George Council of Seniors; 2009 Masters thesis from the University of Northern British Columbia on seniors' housing, health and social inclusion in the city.

Linda Pierre, South Hazelton; elected to Regional District of Kitimat-Stikine; serves on the North West Regional Hospital District; instructor at Northwest Community College, blending Aboriginal worldview with modern workforce challenges.

Vancouver Coastal – seven representatives

Stuart Alcock, Vancouver; president of the 411 Seniors Centre Society; experience in health care, constituency assistance, legal aid management, social work and child and youth care counselling.

Mohinder Grewal, Richmond; Council of Senior Citizens Organizations of B.C.; former executive director, Sikh Professional Association of Canada; director, Vancouver Multicultural Society; president (twice), National Association of Canadians of Origins in India.

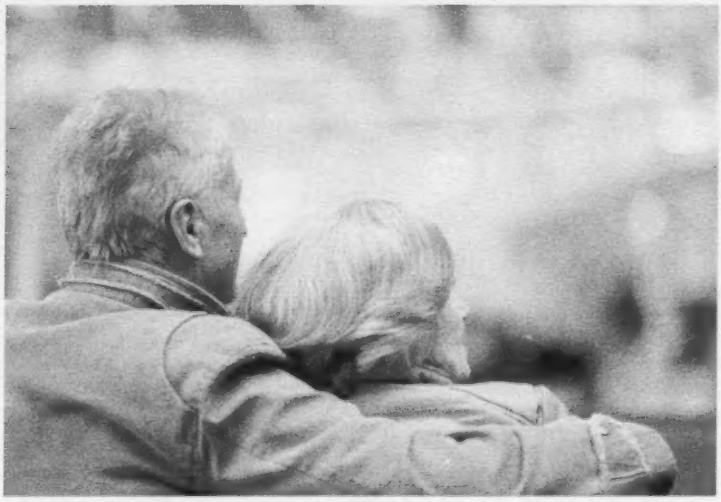
Trudy Hubbard, North Vancouver; president Kiwanis Seniors Housing; former executive director, North Shore Volunteers for Seniors; member, College of Occupational Therapists of B.C.; manager, B.C. Centre for Non-Profit Development.

Sue Jackel, Sechelt; taught Canadian studies and women's studies, University of Alberta; community volunteer, housing, economic development, seniors services, and community care.

Ihsan Malik, Richmond; 40-year member, Pakistan Canada Association, served as trustee, public relations director, secretary, and president; advocates for immigrant and refugee seniors' issues such as language barriers, transportation, housing and more.

Jennifer Shaw, Vancouver, retired gerontologist; former executive director of the West End Seniors Network, 1991-2004; chair, 1998 National Conference of the Canadian Association of Gerontology; fundraiser for a new hospice in Vancouver.

Bill Yuen, Vancouver; retired professional engineer; former school board trustee; chair, Employment Insurance Appeal Board; chair, special advisory committee, Ministry of Advanced Education; Regional Transition Council, Ministry of Children and Family Development.



Vancouver Island – six representatives

Marylin Davies, Courtenay; elected to Terrace city council, 2001-2008 and 2011-2014; first chair, Northern Medical Trust; First Nations liaison; former music instructor and music examiner for Western Board of Music, Alberta.

David Chuenyan Lai, Victoria; former professor, geography, University of Victoria; research affiliate, Centre on Aging; advisor, Victoria Chinese Seniors Association and Victoria Chinese Senior Activities Centre; member, Order of Canada; Honorary Citizen, City of Victoria.

Robert (Bob) McWhirter, Salt Spring Island; former teacher, school district administrator; board member, Greenwoods Eldercare Society; president, Gulf Islands Retired Teachers Association; president, Salt Spring Island Historical Society.

Gail Maureen Neely, Port Alice; chair, Seniors/Elders Better Living Advisory Committee to the Mount Waddington Health Network; represents both First Nation and non-First Nation communities; former mayor, Port Alice.

Buncy Pagely, Saanichton; opened first Multicultural Women's Centre in Victoria; Canada's first model Diabetes Centre on the Songhees Reserve; winner, Women of Distinction Lifetime Achievement Award; Honorary Citizen Award from the City of Victoria.

Bob Willis, Nanoose Bay; former air traffic controller; president, Nanaimo and Area, National Association of Federal Retirees; assists 2,000 members through committees, coordinating volunteers and member outreach.

Email
info@seniorsadvocatebc.ca

By Phone
Toll-free 1-877-952-3181

In Victoria
250-952-3181
Open Monday to Friday, 8:30-4:30
Translation services available in more than 180 languages.

By Fax
250-952-3034

By Mail
Office of the Seniors Advocate
1st Floor, 1515 Blanshard Street
PO Box 9651 STN PROV GOVT
Victoria BC V8W 9P4

Twitter
@SrsAdvocateBC

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